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March 6, 2009

DEPARTMENT OF ENERGY
OFFICE OF HEARINGS AND APPEALS

Hearing Officer's Decision

Name of Case: Personnel Security Hearing

Date of Filing: October 10, 2008

Case Number: TSO-0683

This decision concerns the eligibility of XXXXXXXXXXXX ("the Individual") for a DOE access authorization.¹ This Decision will consider whether, based on the testimony and other evidence presented in this proceeding, the Individual's suspended access authorization should be restored. For the reasons detailed below, it is my decision that the Individual's suspended access authorization should be restored.

I. BACKGROUND

This administrative review proceeding began with the issuance of a notification letter by a Department of Energy (DOE) local security office (LSO), informing the Individual that information in the possession of the DOE created a substantial doubt pertaining to his eligibility for an access authorization.² See Notification Letter, September 10, 2008.

The Notification Letter cites the Individual's alcohol use as a security concern under 10 C.F.R. § 710.8(j) (Criterion J). Criterion J relates to conduct indicating that the Individual has "been, or is, a user of alcohol habitually to excess, or has been diagnosed by a psychiatrist or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse." 10 C.F.R. § 710.8(j). According to the Notification Letter, a DOE consultant-psychiatrist ("the DOE Psychiatrist") evaluated the Individual in July 2008 and determined that the Individual met the criteria for alcohol dependence in "early full remission." DOE Ex. 19 at 12, 14.

The DOE Psychiatrist further concluded that, although the Individual was undergoing appropriate treatment for his alcohol dependence, the Individual did not yet demonstrate adequate evidence of rehabilitation or reformation. *Id.* at 14. Specifically, the DOE Psychiatrist noted that the Individual had been abstinent from alcohol for a period of approximately three and

¹ Decisions issued by the Office of Hearings and Appeals (OHA) are available on the OHA website located at <http://www.oha.doe.gov>. The text of a cited decision may be accessed by entering the case number of the decision in the search engine located at <http://www.oha.doe.gov/search.htm>.

² Access authorization, also known as a security clearance, is an administrative determination that an individual is eligible for access to classified matter or special nuclear material. 10 C.F.R. § 710.5.

one-half months, undergone a 30-day inpatient treatment program followed by an eight-week intensive outpatient program (IOP), attended weekly sessions with a continuing care group, and had been attending Alcoholics Anonymous (AA) meetings three times per week since May 2008. *Id.* at 14, 19. The Psychiatrist concluded that “continuation of this treatment program for a total of one year from his sobriety date [in March 2008] would provide adequate evidence of rehabilitation and reformation.” *Id.* at 14.

Upon receipt of the Notification Letter, the Individual requested a hearing in this matter. *See* Individual’s Letter, September 22, 2008. At the hearing, the Individual presented his own testimony, as well as the testimony of his girlfriend, his former direct supervisor, his first-line and second-line managers, his IOP counselor, his AA sponsor, and the site Employee Assistance Program (EAP) psychologist (“the Site Psychologist”). The DOE counsel presented the testimony of one witness, the DOE Psychiatrist.³

II. HEARING TESTIMONY

A. The Individual

The Individual stated that he was evaluated by the DOE Psychiatrist in 1997 and found to be a habitual user of alcohol to excess. Hearing Transcript (“Tr.”) at 171-172. Following the DOE Psychiatrist’s 1997 report, the Individual enrolled in his site’s Employee Assistance Program Referral Option (EAPRO), in which he was required to undergo counseling for his alcohol problem, participate in random drug and alcohol testing, and remain abstinent from alcohol for a period of six months. Tr. at 172. The Individual stated that he successfully completed the EAPRO requirements, but resumed drinking after the completion of his six-month period of abstinence. Tr. at 173. Since 1997, the Individual’s alcohol consumption increased to the point where he would sometimes drink 750 milliliters of bourbon, followed by “a beer or two” in one sitting. Tr. at 174-175.

In February 2008, after the Individual had been drinking, he had a telephone conversation with his then-supervisor during which they were discussing the Individual’s difficulties regarding certain work projects. During that conversation, the Individual made a comment to the effect that he did not know what he was going to do and he stated “maybe I’ll sell the house and kill myself.” Tr. at 176. The Individual’s then-roommate overheard this comment and reported it to the police as a suicide threat. *Id.* Later that day, police officers arrived at the Individual’s home and took him to a hospital emergency room for a psychiatric evaluation because they feared he would try to harm himself. Tr. at 176-177. The Individual stated that he was not actually suicidal at the time and that his roommate took the comment out of context. Tr. at 177. After his hospitalization, the Individual notified the LSO of the incident. Tr. at 178. He was then referred to the EAP and met with the Site Psychologist to determine his fitness for duty. Tr. at 180. The Site Psychologist recommended to the Individual that he enter into an inpatient treatment program for his alcohol problem. Tr. at 181. The Individual stated, “when I was given the option of obtaining professional treatment, it seemed like that was really something that was needed.” *Id.*

³ Both the DOE Counsel and the Individual submitted exhibits into the record. The DOE Counsel’s exhibits are numbered DOE Exs. 1 – 34. The Individual’s exhibits are lettered Indiv. Exs. A – N.

The Individual testified that he last consumed alcohol on March 23, 2008. Tr. at 171. He entered into the inpatient treatment program approximately one week later. Tr. at 183. The Individual stated that once he entered the program, he did not have a problem completing the 28 days of inpatient treatment. Tr. at 185; *see also* Indiv. Ex. B (certificate of completion of inpatient treatment program). After he successfully completed the inpatient treatment program, the Individual began an eight-week IOP. Although the IOP was not required as part of his treatment program, the Individual stated that it was offered to him as an option and, after discussing it with his therapist at the inpatient treatment center, he agreed that participating in an IOP gave him “the best chance of achieving sustained sobriety.” Tr. at 190. The IOP was an eight-week program that consisted of three-hour group sessions three times per week. *Id.* After completing the IOP, the Individual began attending continuing care group therapy sessions once per week. Tr. at 193, 199. He stated that the continuing care sessions are offered for 52 weeks following completion of the IOP and he intends to attend the 52 sessions. Tr. at 202.

In addition to attending the IOP, and subsequently the continuing care sessions, the Individual began attending AA meetings several times per week in May 2008. Tr. at 196. The Individual has been working the 12 steps of the AA program and is currently on step eight, which “involves making amends to people that you have harmed in the past, mainly through your alcoholism, but also through other actions or inactions you’ve taken over the years.” Tr. at 198. The Individual currently attends AA meetings three times per week, although he sometimes attends more. Tr. at 199; *see also* Indiv. Ex. A (AA Meeting Sign-In Logs). He intends to continue attending AA meetings “indefinitely.” Tr. at 202.

The Individual stated that he intends to never drink alcohol again. Tr. at 200, 206. He stated that he does not experience cravings for alcohol. The Individual stated, “any sort of urge or craving that I had earlier on seems to be absent right now, which is not to say that a craving or an urge won’t come up at some point, but I haven’t had anything recently, and I believe that I’ve got an adequate support system and coping tools to deal with anything that would come up.” Tr. at 200-201. The Individual also noted improvements in his mental and physical health since he has stopped drinking. He stated that he feels less anxiety than he did in the past and has less trouble sleeping. Tr. at 203-204. The Individual added, “I’d say my general health is better than when I was drinking, and I feel better” Tr. at 205. The Individual stated that he is in a much better place now than he was before he went into treatment, and probably better than he has been “in quite a while.” *Id.* He stated that he is “internally motivated” to remain abstinent from alcohol. *Id.* He added, “I’m abstinent now because I want to be and not because somebody is telling me I have to [be abstinent]. So I’m doing it more for myself than to meet some ... external requirement.” Tr. at 206.

B. The Individual’s Girlfriend

The witness has been dating the Individual for approximately 18 months. Tr. at 33. She sees the Individual about once a week. Tr. at 35. When she first met the Individual in July 2007, the Individual’s girlfriend observed the Individual consume alcohol on a regular basis and “he would drink a lot.” Tr. at 36.

The Individual's girlfriend stated that the Individual entered treatment for his alcohol problem in April 2008. She stated that he was "ready to just start over and change." Tr. at 40. The Individual currently attends several AA meetings per week and other counseling sessions. Tr. at 41-42. She stated that the Individual discusses his treatment programs with her. Tr. at 42. She stated that "he's pretty honest" and that "he just explains what he's doing, what he's learning" in the programs. *Id.* The Individual's girlfriend has spoken with the Individual's AA sponsor and knows that the Individual is working the 12 steps of the AA program. Tr. at 49. The Individual's girlfriend is also involved in his recovery efforts. She attends meetings of a support group for family members or friends of individuals with substance abuse problems. Tr. at 43, 55-56. She has also attended some of the Individual's AA meetings with him. Tr. at 46. The Individual's girlfriend does not drink alcohol. Tr. at 53. She also stated that if she suspected that the Individual had begun drinking again she would confront him about it. Tr. at 43.

The Individual's girlfriend stated that the Individual currently does not consume any alcohol. Tr. at 36. She stated that the Individual last drank alcohol in late March 2008. Tr. at 37. She has been to the Individual's home and has not seen any alcohol or alcohol-related materials, such as empty bottles. Tr. at 39-40. She speaks with the Individual on the telephone almost every night and, since March 2008, he has never given her any indication that he may have been drinking alcohol before speaking with her. Tr. at 47. In addition, since the Individual has been in treatment for his alcohol problem, she and the Individual have gone to places where alcohol is served and he has not ordered any alcoholic beverages. Tr. at 48. She stated that the Individual has told her that he no longer has cravings for alcohol. Tr. at 54. The Individual's girlfriend believes the Individual will abstain from consuming alcohol in the future because he is "determined" to do so. Tr. at 50.

C. The Individual's Work Witnesses

1. The Individual's Former Supervisor

The Individual's former supervisor has known the Individual since 1992. Tr. at 114. The Individual worked for him for about three years and then moved to a different work group. *Id.* The Individual came back to work for his former supervisor from July 2007 until July 2008, when the former supervisor transferred to another organization. Tr. at 114, 123.

The former supervisor began noticing problems with the Individual in late 2007. Tr. at 116. Specifically, the supervisor saw that the Individual was frequently absent from work and did not have the same enthusiasm for his work that he had had in the past. *Id.* In February 2008, the former supervisor was on the telephone with the Individual and the Individual was discussing his future work plans. Tr. at 131. During that conversation, the Individual made a statement to the effect that he might just sell his house and kill himself. Tr. at 131-132. The former supervisor stated that he did not believe the Individual intended to harm himself. Rather, he found the comment to be "dark humor" and a sign that the Individual may be suffering from depression. Tr. at 132. Shortly thereafter, the former supervisor was informed by the Individual's then-roommate of his hospitalization, and he in turn informed his management of the incident. Tr. at 117. About one month after the Individual was hospitalized, the Individual entered into treatment for his alcohol problem. Tr. at 119.

The former supervisor noticed a significant change in the Individual when he returned to work after he completed his inpatient treatment for his alcohol dependency. Tr. at 120. The supervisor noted that the Individual did not appear to be depressed, as he was prior to his treatment. Tr. at 121. The Individual was also more engaged in his work. *Id.* The former supervisor still interacts with the Individual at work on a regular basis, despite having transferred organizations. Tr. at 123. He stated that he has not seen a recurrence of the signs that the Individual demonstrated in the past when he was having problems with alcohol. Tr. at 124. The former supervisor believes the Individual is motivated to remain abstinent from alcohol. He based that belief “simply on [the Individual’s] level of engagement, enthusiasm about work, a reintegration, kind of, into society ... he was kind of depressed there for a while ... it’s not like that anymore.” Tr. at 137.

2. The Individual’s First-Line Manager

The first-line manager has known this Individual since the Individual joined his department in 2007. Tr. at 90. He was on vacation when the Individual was hospitalized in February 2008 and became aware of the Individual’s hospitalization and subsequent referral to the EAP. Tr. at 91-92. The first-line manager then attended some of the Individual’s EAP meetings and was kept generally informed as to the Individual’s treatment plan, although he did not know the specifics of the treatment. Tr. 93. The first-line manager stated that the Individual was “very cooperative” throughout the process. *Id.* He had the impression that the Individual was “very interested in getting treatment and cooperating fully.” Tr. at 93. The manager stated that, although he was not privy to the specifics of the Individual’s treatment plan and recovery due to privacy considerations, he would have been informed if there was a problem with the Individual’s treatment. Tr. at 95. The manager stated that he was never informed of any problems. Tr. at 96.

The first-line manager stated that the Individual is now “doing just great.” *Id.* The manager stated that he checks in with the Individual’s current supervisor to assess the Individual’s progress. *Id.* The supervisor’s reports “have been very positive.” *Id.* The supervisor has informed the first-line manager that the Individual “arrives on time, works the full day, and is technically contributing very well” to projects. Tr. at 96-97. The first-line manager, himself, has noticed positive changes in the Individual since the Individual entered treatment. The manager stated that, although he was unaware of the nature of the problem, he noticed that the Individual appeared unhealthy and looked “rundown, maybe, tired” prior to the February 2008 hospitalization. Tr. at 98. The Individual looked much healthier following his treatment. Tr. at 98-99.

3. The Individual’s Second-Line Manager

The second-line manager has known the Individual since the Individual began working for his department in 2007. Tr. at 75. The second-line manager helped coordinate the Individual’s initial referral to the site’s EAP after the Individual’s February 2008 hospitalization. Tr. at 76-77. The EAP then helped the Individual enroll in a treatment program. Tr. at 77. The second-line manager stated that the Individual has been performing well at work since his return from the treatment program and has been doing what is expected of him. Tr. at 78. The Individual’s work attendance and ability to complete projects on time have also improved. *Id.*

D. The Individual's IOP Counselor

The IOP counselor met the Individual after the Individual completed his inpatient treatment program and came to the counselor's recovery center to begin his IOP. Tr. at 16. The counselor stated that the Individual was "interested and enthusiastic" about beginning the IOP. *Id.* The counselor stated that the Individual had an "understanding of what had happened to him with regards to his drinking and how that had affected his life and [he] wanted to continue on a path that gave him the best opportunity to stay in recovery" Tr. at 16-17.

The IOP program in which the Individual participated was an eight-week program, meeting three nights per week for three hours a night. Tr. at 17. Following the eight-week program, the recovery center offers patients one year of aftercare. Tr. at 20. The counselor met with the Individual on an individual basis monthly and in aftercare group sessions weekly until December 2008. Tr. at 19-20. The counselor did not recall the Individual missing any scheduled sessions. Tr. at 21. The counselor stated that the Individual "was very involved with regards to the group, and he was very diligent about making his individual sessions ... he was working actively with his [AA] sponsor and was actively pursuing other things in his life as a part of his recovery" Tr. at 21-22.

The counselor stated that, to his knowledge, the Individual remained abstinent from alcohol. Tr. at 22. Regarding the Individual's prognosis for remaining abstinent, the counselor stated that if the Individual continued on the path he was on – going to AA and aftercare meetings, working with his AA sponsor, and "doing the things that have kept him in the program" – then the likelihood that he will remain abstinent will increase. Tr. at 23. The IOP counselor stated that, based on his experience in working with the Individual for almost a year, the Individual appeared to be "very genuine [about] what he wants to do with regard to remaining clean and sober." Tr. at 25.

E. The Individual's AA Sponsor

The sponsor met the Individual at AA meetings approximately seven or eight months prior to the hearing. Tr. at 60. The Individual asked him to be his sponsor after he told the Individual about his own progress in treating his alcohol problem. *Id.* The sponsor stated that he has been abstinent from alcohol for over 11 years and has sponsored many other individuals. Tr. at 61.

The sponsor noted that the Individual has been very consistent in attending AA meetings, sometimes going to as many as four meetings per week. Tr. at 62. The Individual actively participates in meetings and is working the 12 steps of the AA program. *Id.* He is currently on step eight. *Id.* The sponsor stated that the Individual is comfortable calling him when "he's having a rough day or he's got something going on that's aggravating him" Tr. at 63.

The sponsor believes the Individual has been abstinent from alcohol since March 2008 and would be "shocked" if he resumed drinking alcohol. Tr. at 64-65. He added, "[the Individual] has really worked the steps, and he's seen the goodness of his life turning around, you know, without the alcohol." *Id.* The sponsor believes the Individual has been doing well with his treatment program. He added that the Individual has "really grabbed onto the program" and, in

his experience, the Individual has worked through the program's steps "quicker than most have." Tr. at 65-66. The sponsor believes the Individual should continue in AA for the rest of his life. Tr. at 69. He also believes the Individual is motivated to remain abstinent because the sponsor sees that the Individual is "enjoying life again." Tr. at 71.

F. The Site Psychologist

The Site Psychologist first met the Individual in March 2008 when the Individual was "urgently" referred to the EAP by his manager. Tr. at 142. The Psychologist stated that there were concerns that the Individual had made "suicidal verbalizations" which led to his hospitalization the prior week. *Id.* The Site Psychologist stated that he performed an initial assessment of the Individual and determined that the Individual's alcohol consumption was of concern. Tr. at 143-44. The Psychologist also found that the Individual "was not doing real well ... he basically was depressed, [and] was having some anxiety issues." Tr. at 143. He met with the Individual again two weeks later and the Individual's condition "had deteriorated." Tr. at 144. The Individual informed the Psychologist at that time that both his alcohol consumption and anxiety level had increased. Tr. at 144.

At his second evaluation of the Individual, the Site Psychologist recommended that the Individual enter into an inpatient substance abuse program. *Id.* The Psychologist believed the Individual appeared to be "relieved at the suggestion [of inpatient treatment] and very open – immediately open to the idea of going in for inpatient recovery." Tr. at 146. The Individual did not exhibit much denial over his alcohol problem. The Psychologist stated that the Individual "was pretty aware of and cognizant of his problem from the start, which is ... kind of unusual with alcoholics." *Id.*

The Psychologist did not have contact with the Individual while he was undergoing the inpatient treatment program, but began meeting with him again after he completed the program. Tr. at 148. When he first saw the Individual after the inpatient program, the Site Psychologist believed the Individual "was doing better," "looked improved," and appeared to have "responded well to the program." Tr. at 149-150. The Individual told the Psychologist that "he had a good experience [at the inpatient treatment program], and he felt the treatment was beneficial." Tr. at 149. He also found the Individual "motivated to work on his recovery." Tr. at 150.

The Psychologist has been monitoring the Individual's progress since his completion of the inpatient treatment program, the IOP, and aftercare sessions. Tr. at 152. He believes the Individual has "done quite well ... He has continued to display a good awareness of his problem. He has been very compliant with everything ... I see [the Individual] as a person who genuinely wants to stick with this and maintain his sobriety." *Id.* The Psychologist stated that he has no reason to suspect the Individual has resumed drinking alcohol. Rather, he stated that many factors, including "his level of compliance with his aftercare" and "his level of contact with [AA]," as well as his work with his sponsor, "point in the direction of abstinence." Tr. at 154.

The Site Psychologist currently meets with the Individual once a month. Tr. at 165. He is "very satisfied" with the Individual's progress and believes the Individual's prognosis for remaining abstinent from alcohol in the future is "excellent." Tr. at 156, 165. He added,

When I first saw [the Individual], he was highly symptomatic ... he was very much in a pattern of daily alcohol ingestion, he was pretty much out of control with his alcoholic behavior, and his anxiety symptoms were quite prominent and I think he was depressed, also. Now he is ... virtually symptom-free from these things, and he is maintaining his abstinence ... He has a level of insight that's very good for someone with an alcohol problem, and he has responded very well to treatment.

Tr. at 158-59. Finally, the Psychologist believes that the Individual is "an exceptional case" in terms of the steps he has taken to address his alcohol problem and that his risk of relapse is "low." Tr. at 162, 167. He believes the Individual will continue to maintain his abstinence from alcohol in the future. *Id.*

G. The DOE Psychiatrist

After being present throughout the hearing and considering all of the hearing testimony, the DOE psychiatrist did not change the diagnosis he presented in his July 2008 report that the Individual met the criteria for alcohol dependence. Tr. at 220.

Based on the hearing testimony, the Psychiatrist noted that there were several positive factors which were "medically significant" in assessing the Individual's progress in treating his alcohol problem. Tr. at 222. Among the positive factors are the Individual's consistent attendance of AA meetings, his work with his AA sponsor, and his completion of the inpatient treatment program and the IOP. Tr. at 222-23. In addition, the Psychiatrist noticed an improvement in the Individual's support system. Specifically, his girlfriend is particularly supportive and has taken steps to educate herself about alcohol dependence. Tr. at 223. The DOE Psychiatrist also found it noteworthy that the Site Psychologist, who has closely monitored the Individual's progress, classified the Individual as an "exceptional case" and gave the Individual a favorable prognosis. Tr. at 224. Finally, the Psychiatrist was impressed with the Individual's own testimony, in which he "demonstrated a continuing commitment to his sobriety." *Id.*

The DOE Psychiatrist noted that in cases involving alcohol abuse or dependence, he generally recommends that an individual complete one year of abstinence from alcohol in order to demonstrate adequate evidence of rehabilitation or reformation from the alcohol disorder. Tr. at 231. He stated that he generally uses one year of abstinence as a guideline because the likelihood of an individual diagnosed with alcohol abuse or dependence being successful at maintaining his or her abstinence from alcohol increases dramatically after one year. Tr. at 229-230.

In this case, however, the Psychiatrist believes the Individual has demonstrated adequate evidence of rehabilitation from his alcohol dependence, despite having only approximately ten months of sobriety. Tr. at 231. The Psychiatrist based this determination on several factors. First, the Individual stated that he has not consumed alcohol since March 2008 and his witnesses corroborated his testimony. Tr. at 231-232. In addition, "[the Individual] has taken steps to improve his social system ... He's kept to all the [treatment] programs and done a little bit more than required." Tr. at 232. Further, the Psychiatrist noted that the Individual has done well with his treatment even while under external stresses, namely the suspension of his security clearance.

Tr. at 234. Based on all of these factors, the Psychiatrist stated, “even though it’s not a year [of abstinence], I would go outside the guideline and say that I think that there is at this point in time adequate evidence of rehabilitation or reformation.” Tr. at 235. Finally, the Psychiatrist believed that the Individual’s risk of relapse was low. Tr. at 235.

III. STANDARD OF REVIEW

The regulations governing the Individual’s eligibility for an access authorization are set forth in 10 C.F.R. Part 710, “Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material.” An individual is eligible for access authorization if such authorization “would not endanger the common defense and security and would be clearly consistent with the national interest.” 10 C.F.R. § 710.7(a). “Any doubt as to an individual’s access authorization eligibility shall be resolved in favor of the national security.” *Id.* See generally *Dep’t of the Navy v. Egan*, 484 U.S. 518, 531 (1988) (the “clearly consistent with the interests of national security” test indicates that “security clearance determinations should err, if they must, on the side of denials”).

Under Part 710, the DOE may suspend an individual’s access authorization where “information is received that raises a question concerning an individual’s continued access authorization eligibility.” 10 C.F.R. § 710.10(a). Derogatory information includes, but is not limited to, the information specified in the regulations. 10 C.F.R. § 710.8. Once a security concern is raised, the individual has the burden to bring forward sufficient evidence to resolve the concern.

In considering whether an individual has resolved a security concern, the Hearing Officer considers various factors, including the nature of the conduct at issue, the frequency or recency of the conduct, the absence or presence of reformation or rehabilitation, and the impact of the foregoing on the relevant security concerns. 10 C.F.R. § 710.7(c). The decision concerning eligibility is a comprehensive, common-sense judgment based on a consideration of all relevant information, favorable and unfavorable. 10 C.F.R. § 710.7(a). In order to reach a favorable decision, the Hearing Officer must find that “the grant or restoration of access authorization to the individual would not endanger the common defense and security and would be clearly consistent with the national interest.” 10 C.F.R. § 710.27(a).

IV. ANALYSIS

The derogatory information in this case centers on the Individual’s past alcohol use, as well as the DOE Psychiatrist’s diagnosis that the Individual met the criteria for alcohol dependence. It is well-established that a diagnosis of an alcohol disorder raises security concerns because “excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual’s reliability and trustworthiness.” Revised Adjudicative Guidelines for Determining Eligibility for Access to Classified Information (issued on December 29, 2005 by the Assistant to the President for National Security Affairs, The White House) (the Adjudicative Guidelines), Guideline G, ¶ 21. See also *Personnel Security Hearing*, Case No. TSO-0678 (2008). Given the facts in this case, particularly the DOE Psychiatrist’s diagnosis, the LSO had sufficient grounds to invoke Criterion J. The only remaining issue is whether the Individual has presented sufficient evidence to adequately mitigate the security concern.

The Adjudicative Guidelines identify several conditions which could mitigate an alcohol-related security concern, including the individual's "acknowledge[ment] of his or her alcoholism or issues of alcohol abuse," an "established pattern of abstinence," "complet[ion] of inpatient or outpatient counseling," and "a favorable prognosis from a qualified medical professional." *See* Adjudicative Guidelines, Guideline G, ¶ 23.

In this case, the Individual testified that he has been abstinent from alcohol since March 2008, almost ten months as of the date of the hearing. I believe he testified candidly and honestly. His testimony was corroborated by the testimony of his girlfriend, who has not seen the Individual consume alcohol since March 2008, noticed any signs which indicate alcohol consumption, such as slurred or incoherent speech, or observed any alcohol or alcohol-related materials, such as empty bottles, in his home. In addition, the Individual's former supervisor, who has interacted regularly with the Individual both before and since March 2008, has noticed a marked difference in the Individual's demeanor and appearance since the Individual has stopped drinking alcohol, namely that the Individual is no longer withdrawn or depressed, as he was when he was drinking alcohol. Finally, the Individual's first-line manager observed that the Individual appears physically healthier now than prior to March 2008. None of the Individual's witnesses have seen a recurrence of the behaviors the Individual exhibited when he was drinking alcohol. These factors all support the Individual's assertion that he has not consumed alcohol since March 2008.

In addition, the Individual enthusiastically undertook a rigorous treatment program to address his alcohol dependence. Specifically, he completed a 28-day inpatient treatment and eight-week intensive outpatient program, attends weekly aftercare counseling sessions, and several AA meetings per week. He has submitted various exhibits to corroborate his participation in those programs. *See* Indiv. Ex. A (AA Meeting Sign-In Logs, establishing attendance at 92 meetings between May 2008 and November 2008); Indiv. Ex. B (documents relating to inpatient treatment program, including certificate of completion); Indiv. Ex. C (letter regarding completion of IOP); and Indiv. Ex. D (attendance logs for continuing care group sessions between June 2008 and December 2008). In addition, the Individual demonstrated significant insight into his alcohol problem, as well as an appreciation for his life as it is now, without alcohol. Furthermore, his girlfriend appears to be very supportive of the Individual's efforts to remain alcohol-free. This leads me to conclude that the Individual is motivated to remain abstinent from alcohol.

In addition to the Individual's testimony, I am persuaded by the testimony of the witnesses involved in the Individual's treatment. Both the Individual's AA sponsor and his IOP counselor testified that the Individual has been actively engaged in his treatment program and has been dedicated to maintaining his abstinence from alcohol. Further, the Site Psychologist, who meets regularly with the Individual, has noted the Individual's progress and classified him as an "exceptional case" with a low risk of relapse. The testimony of the Individual's witnesses from work – his former supervisor and current managers – indicates that the Individual's appearance and performance have dramatically improved since he began his treatment program. Finally, the DOE Psychiatrist determined that the Individual presented evidence demonstrating adequate evidence of rehabilitation and reformation from his alcohol dependence.

The foregoing factors lead me to agree with the DOE Psychiatrist's assessment that the Individual has successfully treated his alcohol dependence and, therefore, his risk of relapse is low. Accordingly, based on all of the evidence in this case, including the hearing testimony and the numerous exhibits in the record, I find that the Individual has mitigated the Criterion J concern raised by his use of alcohol.

V. CONCLUSION

Upon consideration of the record in this case, I find that there was evidence that raised doubts regarding the Individual's eligibility for a security clearance under Criterion J. I also find that the Individual has presented sufficient information to fully resolve the security concern. Therefore, I conclude that restoring the Individual's suspended access authorization "would not endanger the common defense and security and would be clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the Individual's suspended access authorization should be restored.

Diane DeMoura
Hearing Officer
Office of Hearings and Appeals

Date: March 6, 2009